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ABSTRACT

Patient education is recognized by health care providers and patients themselves as an important component of adequate health care for hospital patients. Through this informational process, patients receive information about specific health problems, learn the necessary competencies to deal with them, and develop accepting attitudes toward the problems and resulting changes in lifestyles. Patient awareness includes two types of educational activities--formal and informal. Hospital-based patient education serves three clienteles: inpatients, outpatients who attend medical clinics, and the general community. Programs for the community are principally informational. Hospital-based activities for the outpatient population range from informational programs to more structured individual and group sessions with patients. The content of patient education activities for inpatients is varied, including orientation to hospital facilities and services; explanation of the diagnosis and treatment for the health problem; teaching of the medical management of the problem; assisting of patients to learn or relearn self-care; teaching of independent living skills; teaching of patients and families about appropriate community resources; teaching about the financial management of the problem; and discussions concerning general preventive activities. (YLB)

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Hospital Patients Are Adult Learners

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Hospital Patients Are Adult Learners

Patient education is a growing concern of both health care professionals and consumers of health care. This rise in interest has been caused by several factors including the cost of medical care, the consumer movement, the increasing rate of chronic illness, and the need to dispell the myth that all illnesses can be completely cured or at times even treated (Canfield, 1973). This interest in patient education has been especially strong in the hospital community (American Hospital Association, 1976, 1969).

Patient Education Defined

Patient education is a process whereby patients and in some cases their families: (1) receive information about specific health problems, (2) learn the necessary competencies to deal with the health problems, and (3) develop accepting attitudes toward the health problems and resulting changes in life styles. Patient education includes both formal and informal educational activities.

Formal patient education is characterized by terms such as planned, organized and structured. Specially assigned staff members or volunteers execute formal patient education activities. Examples of formal patient education programs include classes for patients with diabetes or cardiac problems.

Informal patient education is not separately planned and organized and is generally executed as an incidental part of normal hospital routine. Informal patient education activities are the most prevalent form of educational activities performed by professionals in the health

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care field. One example of this is a nurse teaching a stroke patient with a disabled arm to dress himself; a second example is a physician answering a mother's questions about how to care for her sick child. These types of activities are usually not identified as "patient education," but rather are considered as a routine part of health care.

Importance of Patient Education

Patient education is recognized as an important component of adequate patient care for hospital patients by both health care providers and the patients themselves. Houston and Pasanon (1972), in reporting a study on patients' reactions to hospital care, noted that 93 percent of those patients interviewed wished to know as much as possible about what was wrong with them. Alt (1966) came to a similar conclusion in a study that surveyed patients just prior to leaving a Massachusetts hospital. He concluded that: "The hospital patient wants more understanding about treatments, medicines, diets, diagnosis, and numerous personal and health-related questions that go unanswered" (p. 76). Pender (1974) in reporting a study conducted in a community hospital setting, indicated that patients related that they had a ". . . need for more information before discharge on how to care for themselves at home, the effect of illness on their daily living habits, possible complications of their present illness, and prevention of future illnesses" (pp. 262-63).

In general patient education is an important component of patient care for five major reasons:

1. Patients have the right to know what is happening to them (American Hospital Association, 1975);
2. Patients are better able to deal with their health problems when they are better informed (Egbert, Bettit, Welch & Bartlett, 1964; Levine, 1974; and Rosenberg, 1971);
3. Patient education is cost-effective (Green, 1976);
4. Patient education increases health manpower by adding the patient to the health care team (Schoenrich, 1973; and
5. Patient education increases compliance by patients with medical regimes.

Hospital-Based Patient Education

Hospital-based education serves a number of different kinds of clienteles: inpatients, outpatients who attend medical clinics, and the general community. In the latter area it is usually termed health education and in the former, patient education. Three comprehensive overviews of hospital patient education programs are included in a special feature on patient education in the October 1973 issue of Modern Hospital and in publications by Lee (1974) and Simmons (1976).

For the community at large, the programs usually perform principally an informational function. Examples of community programs include exhibits on health-related matters for community groups; telephone hotlines which provide tape recorded answers to people's health problems; informational programs on specific health hazards, such as hypertension, smoking, and drug education; nutrition programs for various community groups; and personalized exercise program for adults.

Hospital-based activities for the out-patient population also involve a range of activities from doctors giving information to their patients to

more structured individual and group sessions with patients. The most popular form of formal instruction for out-patients is represented by classes held for expectant parents (American Hospital Association, 1976). Other types of programming include classes for diabetic patients, community clubs for former heart and stroke patients, group help sessions for cancer patients, group instruction for heart patients, a patient education library service, and videotapes on specific health-related subject areas that patients may review with or without the assistance of health educators (Kelsey & Beamer, 1974; "Making the Patient," 1973; Rosenberg, 1971).

Hospital patient education activities for the inpatient population have been given the most attention in the literature and in present hospital programming. The types of educational activities for hospitalized patients and their families are almost as many and varied as the number and types of hospitals. Nurses giving bedside instruction represent the most common form of patient education for inpatients. This instruction can cover a wide range of areas from pre-operative assistance to how to get out of a hospital bed with a leg cast.

Other types of inpatient educational activities include patients meeting with professional staff members on a one-to-one teaching basis, attending physical or occupational therapy sessions, meeting with the hospital social worker to discuss a personal concern, attending formal classes, listening to telephone taped messages, viewing videotape on bedside television sets, and having a volunteer who had a similar illness explain how he or she coped with the illness (Bernheimer & Clever, 1977; Bartlett, Johnson, & Meyer, 1973; Field, 1967; Horwitz, 1972).

Not all of the above activities may be regarded as educational by either the patient or the health care personnel; yet they involve both teaching and learning by the parties involved. These types of activities may also be parts of a formal patient education program, or may happen informally as part of routine patient care.

The majority of the formal patient education activities for inpatients are focused primarily on patients with chronic illnesses (American Hospital Association, 1976; Peters, 1974; U.S. Department of HEW, 1976). The diseases that account for the majority of the programs include diabetes, ostomy, mastectomy, and heart problems. Two other very popular forms of hospital education for inpatients are those for patients who will undergo surgery and those for maternity patients and their husbands. (American Hospital Association, 1976; Peters, 1974).

Content of Patient Education Activities for Inpatients

The content areas of patient education programs are varied. They include topics such as orientation to the hospital, explanation of the diagnosis and treatment of the health problem, and learning about independent living skills and appropriate community resources. Most patients are not involved in all of the content areas, but only a few specific to their health problem.

Orientation to Hospital Facilities and Services

This area is covered in a number of ways from the handing out of printed materials to patients and their families to having nurses on the individual floors explain the various hospital services. Volunteers also are relied upon quite heavily to provide this type of information for patients.

Explanation of the Diagnois of the Health Problem

This area is primarily dealt with by the physician, many times prior to the patient being admitted to the hospital. The extent of this explanation differs depending on the physician's style of working with patients, the patient, and the type of illness (Pocock, 1974).

Explanation of the Treatment for the Health Problem

This area also is primarily dealt with by the physician, many times prior to hospitalization, and varies in its nature and completeness (Pocock, 1974). In some cases nurses and other allied health personnel are charged with giving part of the explanation. In most cases, however, they will not give out this type of information on their own initiative unless instructed to do so by the physician. This is changing, though, with the advent of more formalized patient education programs. One of the components of formal programs includes either full or partial explanation of the medical treatment (U.S. Department of HEW, 1976). This is illustrated by the growing number of formal pre- and post-operative patient education programs.

Teaching of the Medical Management of the Health Problem

Medical management of his/her own illness by the patient includes items such as learning about medications, the management of medical apparatus such as a catheter for ostomy patients, dietary instructions, needed self-examinations to watch for recurring medical problems such as breast cancer, and physical exercise so muscles will not become atrophied (U.S. Department of HEW, 1976). These topics are usually taught from a more technical standpoint and are the ones most often included in formal hospital programs. A variety of professional health personnel including nurses, occupational therapists, physical therapists, pharmacists,

dieticians and, at times, physicians are involved in the teaching of these topic areas.

Assisting Patients to Learn or Relearn Self-Care, Independent Living Skills

The educational goals of this area include having patients relearn to walk, talk, eat, read, write, manage household activities, and, in some cases, job skills. Though this involves the relearning of technical type skills, the patient must also deal with various emotional problems resulting from loss of bodily functions. This area is usually covered in a formal manner. It involves activities that are planned by the professional staff and are usually carried out only on a prescription from the doctor. Physical therapists, occupational therapists, speech therapists, and nurses are the primary teachers in this area.

Teaching Patients and Their Families About Short- and Long-Term Life Style Changes Due to the Health Problem

This area involves helping the patients and their families understand the various types of changes necessitated by the nature of the health problem. This includes things such as reducing daily activities, exercise programs, change in dietary habits, the stopping of smoking and drinking, the change in or termination of some recreational interests. These topics are covered most often in formal patient education programs. It is especially common for heart patients, diabetics, and people with respiratory conditions. Nurses and physicians tend to be the primary teachers in this area with some involvement by health educators in the formal programs.

The three previous categories cannot always be separated because teaching of one area may involve two or all of them simultaneously.

Educating Patients and Their Families About Appropriate Community Resources

This area involves providing information on resources such as the visiting nurses service, extended care facilities, outpatient hospital services, and related home health services. The completeness of this kind of patient education depends on the degree to which the hospital program has been formally developed and the amount of time hospital personnel have to spend with the patients and/or their families. Instruction has traditionally been done by the hospital social worker. In smaller community hospitals the information might be provided by a staff nurse, a physician, or a public health nurse. This particular content area has not been extensively reported in the patient education literature.

Teaching About the Financial Management of the Health Problem

This subject has also not been stressed in the patient education literature. Yet it is a topic, with the continued rising cost of medical care, that needs to be addressed more fully. Traditionally, hospital social workers have counseled with patients and their families when help was requested in this area.

Teaching of General Preventive Activities

This area includes such tasks as the teaching of all women patients how to do breast self-examinations or teaching all patients the importance of a well-balanced diet. The coverage of general preventive health topics does not appear to be a prevalent one in hospital programs for inpatients, nor does there seem to be any great push to organize such programs.

Not all patients learn about all of the content areas in the list. Some may never receive education about any of them; others receive information in only one or two of the categories; and still others may be exposed

to educational activities in all of the content areas.

Summary

Patient education programs for hospital patients are an extremely important component of patient care. Both formal and informal patient education activities should be incorporated into regular hospital routine for inpatients and outpatients. The content of these should include both the medical aspects of the patient's illness and the management of that illness, as well as the personal, social, and vocational concerns of the patient in relationship to the illness. In addition hospitals should offer for the community at large general health education programs centered on the specific health needs of that community.

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